

# COMMUNICATIONS SERVICE REQUEST

## Part I To be Completed by Requesting Activity

1. Requesting Activity:	2. Activity Request No.:	3. Request Date:	4. Fldr No.:
5. Desired Completion Date:	6. Person to Contact: (Name, Title, & Telephone Number)		
7. Bldg Number:	8. Desired Directory Listing:		

<b>9. Service Requested:</b> <input type="checkbox"/> Install <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Move <input type="checkbox"/> FTS Account <input type="checkbox"/> ISVS Account <input type="checkbox"/> Cost Estimate <input type="checkbox"/> Other specify below	<b>10. Description of Service:</b> <table style="width: 100%;"> <tr> <td style="width: 50%;">           Switched (Dial Service)  <input type="checkbox"/> Class A  <input type="checkbox"/> Class B2  <input type="checkbox"/> Class C1  <input type="checkbox"/> Class C2  <input type="checkbox"/> Dialable DATA            Rate _____            (9.6 to 56 Kbps)  <input type="checkbox"/> Feature Options         </td> <td style="width: 50%;">           Private Line (Dedicated)  <input type="checkbox"/> Class 1 (Hot Line)  <input type="checkbox"/> Cable Pair  <input type="checkbox"/> Analog  <input type="checkbox"/> DATA up to T1  <input type="checkbox"/> High Rate            (T1 and Above)  <input type="checkbox"/> Other Specify Below         </td> </tr> </table>	Switched (Dial Service) <input type="checkbox"/> Class A <input type="checkbox"/> Class B2 <input type="checkbox"/> Class C1 <input type="checkbox"/> Class C2 <input type="checkbox"/> Dialable DATA Rate _____ (9.6 to 56 Kbps) <input type="checkbox"/> Feature Options	Private Line (Dedicated) <input type="checkbox"/> Class 1 (Hot Line) <input type="checkbox"/> Cable Pair <input type="checkbox"/> Analog <input type="checkbox"/> DATA up to T1 <input type="checkbox"/> High Rate (T1 and Above) <input type="checkbox"/> Other Specify Below	<b>11. Instrument/Equipment:</b> <input type="checkbox"/> Single Line STD ____ SPKR ____ SPCL <input type="checkbox"/> Dual Line STD ____ SPKR ____ SPCL <input type="checkbox"/> Multi-Line STD ____ SPKR ____ SPCL <input type="checkbox"/> Line Only <input type="checkbox"/> Other Specify Below
Switched (Dial Service) <input type="checkbox"/> Class A <input type="checkbox"/> Class B2 <input type="checkbox"/> Class C1 <input type="checkbox"/> Class C2 <input type="checkbox"/> Dialable DATA Rate _____ (9.6 to 56 Kbps) <input type="checkbox"/> Feature Options	Private Line (Dedicated) <input type="checkbox"/> Class 1 (Hot Line) <input type="checkbox"/> Cable Pair <input type="checkbox"/> Analog <input type="checkbox"/> DATA up to T1 <input type="checkbox"/> High Rate (T1 and Above) <input type="checkbox"/> Other Specify Below			
<b>12. Special Services</b> (LAN/WAN/MAN)				
<b>Interface Type</b> <input type="checkbox"/> 10Base; <input type="checkbox"/> 10Base2Fi <input type="checkbox"/> V.35 <input type="checkbox"/> RS449 <input type="checkbox"/> RS530 <input type="checkbox"/> RS232				

<b>13. Description of Work to be Performed / Details of Services</b> (Specify End Points, DATA Rates, Interface requirements and other pertinent information)	<table style="width: 100%;"> <tr> <td>Baud Rate</td> <td><input type="checkbox"/> DSO-64kbs</td> </tr> <tr> <td><input type="checkbox"/> ISDN</td> <td><input type="checkbox"/> Frac-T1 <input type="checkbox"/> DS3</td> </tr> <tr> <td><input type="checkbox"/> T1</td> <td><input type="checkbox"/> 10mbs <input type="checkbox"/> 100mbs</td> </tr> </table> <b>CSU/DSU</b> <input type="checkbox"/> PairGain <input type="checkbox"/> Kentrox <input type="checkbox"/> 10Base2 <input type="checkbox"/> DU170F <input type="checkbox"/> Codex <input type="checkbox"/> Other <input type="checkbox"/> Smart Switch <input type="checkbox"/> Hub IP/IPX Address(s) _____ _____ _____ Router Type: _____	Baud Rate	<input type="checkbox"/> DSO-64kbs	<input type="checkbox"/> ISDN	<input type="checkbox"/> Frac-T1 <input type="checkbox"/> DS3	<input type="checkbox"/> T1	<input type="checkbox"/> 10mbs <input type="checkbox"/> 100mbs
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14. Requested by:	15. Approved by:	16. CSR Priority:	17. Restoral Priority:

## Part II To Be Completed by CSR Validator

18. Received by:	Approved By:	19. CSR assigned to: ( x )	Date:
Date:		a. MEO: ( )      b. ECP: ( )	

## Part III To Be Completed by Base Communications Department ( MEO )

20. Received by:	Date:	21. Approved by:	Date:
22. CSR Number	23. Job Order Number	24. Completion Date:	Hours Used